

5/10/525

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | FL       |        | 7-22-01  |
| O.I.P.E. CLASSIFIER       |          | 8      | 8-30-01  |
| FORMALITY REVIEW          | K        | 1019   | 03-31-01 |
| RESPONSE FORMALITY REVIEW |          |        |          |

## INDEX OF CLAIMS

|   |                                |   |              |
|---|--------------------------------|---|--------------|
| ✓ | Rejected                       | N | Non-elected  |
| = | Allowed                        | I | Interference |
| - | (Through numeral) ... Canceled | A | Appeal       |
| ÷ | Restricted                     | O | Objected     |

| Claim    | Date |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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